



**ChaseFireProducts, Inc.**

P.O.Box 220362  
Brooklyn, NY 11222  
Tel: 718.383.8000  
Fax: 718.383.8001  
www.chasefireny.com

**CUSTOMER ACCOUNT APPLICATION**

*Please indicate your company's customer type for our records. Circle one per section.*

LEGAL COMPANY NAME \_\_\_\_\_

DBA \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

BILLING ADDRESS (if different than above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TAXABLE \_\_\_\_\_ NONTAXABLE \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

**INDUSTRY**

- C** - Construction
- M** - Merchandise Distributor
- R** - Resturant
- H** - Heavy Industry
- RE** - Realty
- RD** - Development
- SB** - Small Business

**PRIMARY LOCATION**

- U** - United States
- E** - Europe
- P** - Pacific Rim
- C** - Canada
- O** - Other

**TYPE**

- E** - End User
- R** - Distributor
- O** - Equipment Manufacturer

**PLEASE FILL OUT COMPLETELY**

**BILL TO**

**PAYMENT TERM**

COMPANY \_\_\_\_\_  
 CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

- C.O.D
- NET 15
- NET 30

**SERVICE LOCATION**

CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

If multiple locations attach additional sheets

**I hereby authorize Chase Fire Products Inc., to service the location listed above.**

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

**Please return this form via fax to: 718-383-8001**